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A SURGICAL CASE OF MAL-PRACTICE.

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THE following case, recently tried in the Court of Common Pleas for Strafford Co., H. H., is of sufficient importance to the medical profession to have its history recorded. It has been before a jury twice, and resulted both times in a verdict against the attending physician. There were between sixty and seventy witnesses *pro* and *con*, and about fifteen days were occupied in the trial.

The case is Leighton *vs.* Dr. Sargeant. The plaintiff, while riding in an open wagon in the town of Strafford, was violently thrown out of his carriage, to some distance, and was severely injured. The right ankle-joint was dislocated, and a comminution of the tibia, with a fracture of the fibula, occurred. The injury is termed a compound dislocation of the ankle-joint, always a very grave injury, involving oftentimes the life of the injured. This took place on the 1st of September, 1850. As there was no physician, then, in Strafford, Drs. Grover and Sargeant of Barnstead were applied to. They came, dressed the ankle-joint, and both had the supervision of the patient, for some three or four weeks. After this, the care of the patient devolved upon Dr. Sargeant, for the space of one hundred and thirty-two days, in which time Dr. S. made sixty-two visits, living at a distance of some six miles. There can be no doubt that the injury was extremely severe, as all such injuries are. There was, of course, great constitutional derangement and a large tax upon the vital system, requiring all the power of nature to bear it up against the almost fatal consequences arising from compound dislocations of this character. Such, indeed, was the fact, as appears from the evidence in the case. The patient had feverish excitement, attended with cough, and had to resort to stimulation to withstand the prostrating effects of disease.

The ankle-joint was a long time in healing. For more than two years, at times some portions of the joint would inflame and suppurate, and spiculæ of bone issue from these ulcerations. Within a year the ankle has become healed, but stiff. The heel of the foot is raised some three inches, and the toes consequently drop; so that the plaintiff can walk with the aid of a cane. There has been a visible improvement in the external appearance of the foot. Absorption has taken place—muscular action improved, and more motion in the joint observed.

About the time this suit was commenced, Dr. Grover, the other surgeon in the case, died, leaving Dr. S. alone to fight the prejudices of the community and to bear the whole expense of a strongly-contested and protracted trial.

Dr. Sargeant, in the treatment of this dislocation, used three boxes, made with foot-pieces, capable of elevation. These foot-pieces were made of different angles—varying from two to three and half inches. The boxes were of home manufacture, and answered very well the purpose for which they were designed.

In course of the trial, no attempt was made to prove Dr. S. negligent or inattentive to his patient. On the contrary, it was acknowledged that he was assiduous in his visits and prompt to mitigate the pain and distress with which the plaintiff was often troubled. The plea set up by the prosecution was that the foot should have been kept at right angles with the leg; but that, instead of this, the defendent had let the toes drop from three to five inches, and the foot had become "fixed and in an immovable position," and could never be remedied, except by amputation. It was also maintained, that there was complete anchylosis, and that the defendant had showed "great carelessness and want of skill" in putting a starch bandage upon the limb, thereby causing irritation to the skin, and a disagreeable fetor. The starch bandage was not, however, considered a very great misdemeanor on the part of the defendant, although it formed a large space in the writ. The great object was to make an impression on the jury, and perchance a successful one.

A number of witnesses were adduced by the plaintiff to show, that the position of the foot was the same as when first placed in the fracture box—that it had been measured in their presence after the defendant had given up his attendance of the ankle-joint, and the heel appeared as high now, and the toes as much dropt; that the surgeon's attention was called to the position of the foot several times, while the patient was under his care, and he always remarked, with but one exception, that the position of the foot was right, that the toes should be dropped a little "to get the spring of the foot."

For the prosecution only two physicians were summoned, viz.. Drs. Perry of Exeter, and Hill of Dover. From the evidence of Dr. Perry we shall make a few extracts. He states, that "he believes he has had all kinds of dislocations of the ankle-joint (of which there are four), and that he has been successful in the treatment of all of them; that the natural position of the foot at rest is at right angles with the leg; that passive motion should be made in dislocations of the ankle-joint as early as the third week, to prevent the joint becoming stiff; that there was no difficulty in fixing the foot in any position desired, and maintaining it there—it could have been fastened to the foot-pieces of one of the boxes; that there was anchylosis of the joint, but he could not tell whether bony or ligamentous anchylosis."

"The injury," he said, "was a very severe one, and the breaking into the joint (as in the case of the plaintiff) makes the bad about it." He knew of no reason why the foot could not be kept at right angles, and he never saw an instance where it could not be maintained in that

position. "Most of the cases where the fracture is in the ankle-joint, are of doubtful cure. The wound in this case was healed up perfectly well—the only trouble was in not keeping the foot in the right position."

The defendant, in the maintenance of his case, proved that the right position of the foot was below a right angle, and the toes should drop about 1 inch, if complete anchylosis should obtain, with free motion in the knee-joint; that the defendant did make efforts to elevate the foot to nearly right angles, and when he left the treatment of the patient, the toes were less pointed than at the present time; that continued ulceration and suppuration about the joint would tend, from the powerful action of the gastrocnemii muscles, to contract the heel and consequently point the toes.

About twenty witnesses testified that they saw a book three fourths of an inch thick frequently behind the foot-board, which would bring the foot nearly at right angles with the leg. The plaintiff, however, endeavored to prove that, when the book was behind the foot-board, it must have been as late as November, 1850, instead of September or October, as the defence allege.

The defendant on the first trial had Drs. Samuel Parkman and H. J. Bigelow, of Boston, as witnesses: and on the last, Dr. Bigelow alone; with Drs. Martin, Low, Thomson, and Bickford, of Dover; Dr. Farrington, Jr., of Rochester; and Dr. Knight, of Franklin. We propose to give pretty fully the testimony of Dr. Bigelow, leaving out that which is not important to the case.

His testimony is as follows:—"Compound dislocations are very severe injuries, so that amputation is necessary in some instances; in others, surgeons attempt to save the limb, which often results in death. The best treatment cannot make a good limb. It often becomes stiff, and there is great difficulty in keeping the foot at right angles, when there is great pain and inflammation. If the knee is limber, the proper position of the foot in anchylosis is below a right angle. The toes should drop a little.

"In cases such as supposed (viz., when there is a compound dislocation of the ankle-joint, together with comminution of the tibia, &c.), a result, such as the plaintiff's foot now shows, might most certainly occur under the best surgical treatment. I have had cases under my own care, where the result was as bad as this—from such injuries as I suppose this to have been, a compound fracture and dislocation, or even from a simple dislocation or fracture above the ankle-joint. Not unfrequently as bad a result as this, attends the best treatment. I had a case of simple fracture of the leg last winter, where there was a great lateral distortion, as bad as the plaintiff's. I never had a case where the toes pointed exactly like these. I have seen cases as bad or worse.

"I think there is a little motion in the ankle-joint of the plaintiff. There is stiffness there, but it does not indicate bony anchylosis. I have doubts about there being anchylosis there. The foot, unrestrained, while inflammation and ulceration were at work around the joint, would be likely to get worse. The weight of the foot and the large muscles of the leg would draw up the heel.

"I have had two cases like the plaintiff's, during the last winter, in the Massachusetts Hospital. In the first one the tibia was broken, the malleolus fractured into the joint, and the integuments ruptured, so as to make it a compound dislocation. In this case the ankle was pretty stiff when the patient left the Hospital. The other was an Irish woman. The internal malleolus was broken off. I cannot tell about the result of the case, whether stiff or not. In each of these cases, the foot was put into the position I always attempt to get, viz., as near a right angle as possible, if the pain and inflammation will permit.

"The proper treatment of a compound dislocation of the ankle-joint is, to examine the foot with reference to the injury; to see if any pieces of bone are loose, and try and extricate them; then place the foot in a proper position, and put it into a box or splint. Keep it so until pain or suppuration occur, then change it as circumstances require. Worry along with it. Do the best you can. Keep it still, if possible, provided it is right as to position. One tendency of the foot is to fall down. Keep it up, if you can, but sometimes the pain will be so great that you will have to let it down. After all one can do, the surgeon is glad to get off with any foot that will do to walk on. If you put the foot in the best position to-day, to-morrow it will get out of its proper position. You cannot fasten the foot, so that the patient will not draw the heel back from the foot-board, to ease the pain. If you place ten limbs in a common fracture-box, by the third day not one of them would be in place, because the bandages will slip and stretch.

"I could not denominate it improper treatment to fasten a foot to the foot-board of the first box (when it falls some three inches from a right angle), because the position is so comparatively a small and minor point. The stiff joint is something of three months hence. I should put the foot up; but if the inflammation were great, I should expect it to get out of its position in spite of me. It would not be proper treatment to place the foot at the angle of the first box for eight or ten weeks without making an attempt to elevate it. The position is a small matter in any case of compound dislocation of the ankle-joint, because the great question is to save the foot at all—to get such a joint as can bear the weight of a person in walking—to make the ankle sound.

"The efforts to save the joint are mostly those of nature. A surgeon may do much injury by interference. It is perfectly uncertain at what time passive motion may be used—not until the wound is healed up and the parts are all sound. Joints are almost all in a state of anchylosis when they come out of the fracture-box, and all passive motion before would be injurious; especially when inflammation exists. Perhaps six months would be required in some instances, before motion should be resorted to.

"If a cough afflicts the patient, and there is constitutional irritability and pain, it would be impossible to elevate the foot. It cannot be done."

The testimony of the other surgeons in this trial coincided with that of Dr. Bigelow in almost every particular, and it would be useless to publish it.

Judge Minot, the presiding justice, gave the law in this case as follows:—

1st. The medical man engages that he possesses a reasonable degree of skill, such as is ordinarily possessed by his profession generally.

2d. He engages to exercise that skill, with reasonable care and diligence.

3d. He engages to exercise his best judgment, but is not responsible for a mistake of judgment. Beyond this, the defendant is not responsible. The patient himself must be responsible for all else. If he desires the highest degree of skill and care, he must secure it himself.

5th. It is a rule of law that a medical practitioner never insures the result.

We have said before that this case has been twice tried. The first time Dr. Sargeant was fined $1500 and costs; the second, a smaller sum, about $525 and the cost of both trials, giving merely nominal damages to the plaintiff.

Among legal gentlemen at the Strafford bar, it was generally thought, before the jury retired to the jury-room, that the defendant would not be fined. We think that there are very few medical men, who, on hearing the evidence upon both sides, would say upon their oaths that this was a case of mal-practice. Prejudice against medical men, and sympathy with the unfortunate, often do much to determine men to a course of action altogether wrong in fact and principle.

The case was set aside on the former trial by the Supreme Court, and is again transferred to that tribunal, under exceptions in some respects entirely new.

Before we leave this case, we wish to say a few words on the nature of this kind of injuries, viz., compound dislocations of the ankle-joint. All writers speak of them, as grave injuries, highly dangerous to the sufferer. A wound into the joint at any time causes much local inflammation, and a great deal of constitutional disturbance. So serious have these injuries been considered—so pernicious to life—that at the beginning of the present century amputation of the leg was generally recommended. Sir Astley Cooper, by the collection of a great mass of evidence, settled the line of practice, and the foot was more frequently saved; and when amputation was performed, it was below the ankle-joint. But even if the modern line of practice be adopted, the neglect to amputate will be often the cause of death. Sir A. Cooper says, "I think it may be laid down as a general rule, to amputate almost immediately if the patient be advanced in life, and also if the person be of an irritable habit of body." He relates an instance where death ensued in seven days in attempting to save the limb. Indeed amputation is demanded, when mortification of the foot follows, when the patient begins to sink from excessive suppuration, and extensive disease of the bone occurs.

Since the adoption of Chopart's operation, amputation has been freely recommended by some eminent modern writers upon this subject. Mr. Syme, a distinguished surgeon of Scotland, writes thus of these injuries: "The authority of Sir A. Cooper's experience encouraged attempts to save the limb in such cases, and in private practice both forms of injury are now frequently conducted to a successful issue, though in general

through a protracted process of recovery. But it must be admitted, that many lives have been lost, especially in hospitals, in trying to retain the limb. In the Royal Infirmary I find that of 13 patients who suffered compound dislocation of the ankle and were not subjected to amputation, only 2 recovered; and even in the event of recovery, the foot generally remains in such a state of stiffness, weakness, and sensibility to external impressions, as to be rather an incumbrance than a support to the patient. Now all this danger, tedious confinement, and permanent discomfort, might be obviated by amputating the foot in the first instance. So long as the only alternatives were attempting to save the limb, and amputation of the leg, there was a strong inducement to abstain from operating. But if the patient's safety and speedy recovery may be insured by taking away merely that part of the limb, which, at best, can hardly be of any value, and at the same time producing a stump in all respects preferable to a shattered, stiff, and irritable foot, I think there should be little hesitation in resorting to amputation at the ankle-joint, under the circumstances in question." Such, no doubt, will be the testimony of many a surgeon, who has frequently witnessed these aggravated injuries.

Now in case the medical man decides to save the limb, what is the best position in which to place the foot for healing? The answer naturally would be, in that position which will give the greatest comfort to the patient while in the process of reparation, and which will afford the greatest facility in locomotion. In regard to the position, writers upon compound dislocations are rather indefinite as to what they mean. Sir A. Cooper says, "Great care should be taken to keep the foot at right angles with the leg." Druitt remarks that care should be used not to let the foot be pointed; but under the head of *anchylosis* he says, that in case of bony anchylosis of the joint, "the foot should be at right angles to the leg." Ferguson directs the leg to be placed "in an appropriate position." Abernethy, a cotemporary of Sir A. Cooper, says "the limb should be placed in a position which is natural and easy, and in which it may be long preserved motionless." Miller, and a large majority of text-books and authors, do not refer to the position at all; or, if they do, they recommend rules which, if adopted, would render it impossible to keep the foot at right angles with the leg. There is, then, but one author who says anything of the subject directly, and he is not numbered among the best modern authorities* at this time upon surgical subjects. Druitt† indirectly refers to the subject, but not under the head of dislocations. Now what do these two authors mean by such language? We do not think they intend to be understood that the foot should be kept mathematically at right angles; for this is not the natural position of the foot, and to maintain it in that position would give pain and inflamma-

* Sir A. Cooper was one of the best authorities twenty-five years ago; but the practice of surgery has been improved since that time, and other authors have adapted themselves to the improvements of the day. His works are good for reference, in many particulars, but seldom recommended as text-books in any of our medical colleges.

† A singular circumstance occurred in the treatment of Leighton's case. Soon after the occurrence of the injury, the plaintiff wished Dr. S. to bring him some medical work on compound dislocations. He brought to him Druitt's Principles of Surgery, and the patient had it with him for some weeks. This was during the time Dr. S. was making every effort to keep up the foot.

tion by the undue tension of the gastrocnemii muscles. The angle of the foot at rest is an obtuse angle.

The proper position of the foot, then, if anchylosis is to be the result, is a little below a right angle. If man were a statue, not capable of mobility, then the foot should be placed at exact right angles. But it is not so. He has to move, and he needs every facility to assist him in walking. The ball of the foot is a fulcrum over which the weight of the body is to be thrown. An inclination of the toes, then, from a half inch to an inch, will best serve the individual in walking, and in putting on his pantaloons, boots, &c. Besides, if the right position of the foot is at right angles with the leg, we do not see the purpose of heels on shoes. These are placed there for some purpose; and for what? What is the reason that the foot-piece of every fracture-box and splint for the leg is made at an obtuse angle, if the natural position of the foot is at right angles?

Thus much as to the position of the foot. Can the position, best fitted for locomotion, be always attained? We think not. The testimony of all surgeons of merit is decided on this point. In the whole course of this trial there is only one physician, Dr. Perry, who states positively that it can. And yet it does not appear, from the testimony of this gentleman, that he ever had such a case as the one in question. Indeed, from the drift of his testimony, we are inclined to believe that the cases which have come under his observation were mostly simple dislocations. If they were not, then his experience is most happy in the treatment of these injuries, and we will venture to say different from that of a large majority of physicians or surgeons.

Soon after the close of the last trial, we addressed a letter to Dr. Valentine Mott, of New York city, upon his experience in compound dislocations of the ankle-joint. Dr. Mott ranks with the most distinguished surgeons of the world, and as such his experience and observations are entitled to the highest consideration. The following is his letter. Although short, it covers, we believe, the whole ground in controversy.

New York, Sept. 21, 1854.

Dr. Pray. Dear Sir,—All compound dislocations of the ankle-joint are very formidable accidents. I have seen and treated many of them.

I have amputated immediately and consecutively; had lock-jaw to supervene upon the attempt to save the limb, and prove fatal even when amputation was practised; seen the astragalus removed in three instances at the time of the injury, and once by necrosis; and all the patients did well with very fair use of the joint and foot.

It is very difficult, in some cases, to keep the foot at a right angle with the leg, owing to the restlessness of the patient, and the powerful action of the gastrocnemii muscles.

I may have the heel raised one or two inches after the patient gets about, and another may have a case with three inches.

No surgeon ought to be prosecuted and fined for such a result. The patient ought to be thankful that it is so favorable, and pay his surgeon for services, as the defect can readily be remedied by a high heel, or some mechanical contrivance.

No absolute rule can be laid down for the treatment of these injuries. Circumstances must govern the judgment of the surgeon in each case.

Very respectfully, V. Mott.

The experience of Dr. Mott and Dr. Bigelow coincide; and what they state, is the experience of other surgeons, who have had the treatment of compound dislocations of the ankle-joint.

In all trials for mal-practice, it is highly unjust to place the case before a jury unacquainted with its merits. Our juries are selected from every avocation of life, and they are ill prepared to decide upon the merits or demerits of a surgical case. They can tell that something is wrong, and the most of them believe the surgeon is bound to have everything right and natural; no matter whether impossible or not. They cannot appreciate the various causes and constitutional disturbances likely to arise in almost every injury. All they can know is what they have learned by experience. Their impression too often is, that medical knowledge should be carried to such an extent as to cure all the ills flesh is heir to. Symptoms may arise, and results unavoidably occur, which in their very nature it is impossible to prevent, and yet the burden of proof is virtually thrown on the physician to show that they did not. The surgeon by the bed-side alone understands the cause of these symptoms and results. He alone can judge the nature of diseased action—the thousand difficulties which continually crowd the pathway of every medical man. Not unfrequently, if we look at the history of modern trials for mal-practice, gross ingratitude and injustice will be found exhibited towards the surgeon. He is made to suffer for deformities too often caused by carelessness of the patients themselves. If the surgeon is so unfortunate as to be a young man, then the blows come thick and fast. He is inexperienced, say too many, and therefore the jault is with him, notwithstanding he may have done as well as those in maturer years. Detractions are heaped upon his head for unskilfulness in that very thing which others could not have avoided, or have brought to a more successful issue.

Take, for instance, a single illustration of the incompetency of any but medical men to decide such cases as the one in discussion. One of the counsel for the plaintiff used such a phrase as this in describing how the foot was fastened to the foot-board, and the language was not explained through the whole course of the trial—"The foot was *lashed* down to the foot-board by the defendant, and there kept." Now the word *lash* denotes severity of action. Every physician knows, and so ought all honorable legal men, that it is impossible in severe injuries to lash the foot in any position. It cannot be done; and even if it could, the surgeon, guilty of such an action, has but little sympathy for his suffering patient, and deserves not the name of a man. Every physician knows, but not every juror, the foot is simply attached to the foot-piece to keep the foot in an upright position and from turning to either side. It is not *lashed*, but fastened in the easiest possible manner.

In all trials, also, for mal-practice, it seems to be the great forte of legal gentlemen to make an abusive tirade upon the medical profession at large. That is a poor cause whose merits, or rather demerits, have to be

concealed under a wholesale slander of any class of men. And that man who debases himself to such ignoble actions deserves, at least, that his conduct be passed over with contempt. Physicians are men, capable of the same feelings as other men, and deserve at least honorable treatment from *honorable* men. *Braying* and *sound argument* are two different kinds of action, and originate generally not from the same species of animals, and smartness should be applied to reasonable argument rather than to the former kind of action. A man may put on a lion's skin, but too often certain long appendages will peep out from under their concealment, and betray the wearer.

The medical profession, for learning and respectability, for industry and devotedness to their calling, will compare favorably with any profession. And as benefactors to the human race, and those willing to undergo self-sacrifice, they stand in the front ranks. We intend no invidious comparisons, but legal gentlemen must remember that there are blows to give as well as receive. It is an old adage, but true, that he who lives in a glass house should beware how he throws the first stone. We think it will be well for some to remember this.

In conclusion, we would simply remark, that there is a great want of surgical jurisprudence. We have a pretty extensive medical jurisprudence, but there is nothing that dwells fully upon the department of surgery. In all trials like this, the medical man seeks for aid in vain. He has nothing but what is found in our text-books, and these are not admissible before a court. I can see no reason why surgical injuries do not demand a more extended science of surgical jurisprudence. If prosecutions are to spring up, because surgeons cannot make a shattered limb as perfect as before, it may be the best thing to have no medical authorities for reference, as avoidance of all surgical responsibility may be all that is required.

T. J. W. Pray.

Dover, N. H., October, 1854.

AMPUTATION OF THE THIGH.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—I was formerly, for a considerable period, your subscriber, but for the last three years have followed other than medical pursuits. I have not, however, lost my interest in the profession, and am happy to communicate to you for insertion in the Journal, if you think it worthy, an account of an amputation of the thigh at which I was present, and in which operation I rendered some assistance.

The patient, Wm. Givens, of Marlborough, 16 years of age, had been suffering with scrofulous disease of the knee-joint, commencing with inflammation of the synovial membrane, eight years ago. This inflammation subsided, and the knee was comparatively useful till March, 1854. Soon after it ran into suppuration, with disorganization of the synovial membrane and the adjoining cartilages, laying the bones bare and implicating a portion of their substance in the general disease.

I found the patient on the 17th of August—the day of the operation

—in a state of great emaciation, with hectic fever, the knee enlarged to twice its ordinary size, a thin sanious matter exuding from it constantly; pulse 120; patient rapidly sinking. The consent of friends to the amputation had for many weeks been wanting.

The operation was performed with skill, and with great coolness and deliberation, by Dr. A. L. Hobart of Southborough, assisted by Dr. Carpenter of Upton, Dr. Putnam of Marlborough, Dr. Enos Hoyt of Framingham, and Dr. Hall (lately returned from Europe), accompanying Dr. Hoyt. Pure ether was administered, and the patient was completely under its influence in ten minutes, and evinced no signs of pain during the operation. The long catlin was passed from the centre of the inside of the right thigh, horizontally above the bone, the point coming out at the centre of the outside. The knife was then carried downward and forward, making a flap 2½ inches long. The knife was then entered at the same point as at first, carried below the bone, brought out at precisely the same point as before, carried downward and backward, making a flap 3½ inches long. The bone was cut at a point about the centre of the femur. The proper ligatures were applied; the flaps, which fitted exactly, were secured by sutures and straps of adhesive plaster, and the stump was dressed with spermaceti ointment and secured by appropriate bandages.

The thigh was off in 45 seconds from the commencement of the operation, and the ligatures were all placed in 15 minutes. The patient behaved well under the influence of the ether, and when aroused, exclaimed, "I've had a glorious dream, and nobody shall cut off my leg to-day." The wound healed by the first intention. The stitches were removed the 3d day, the last ligature came away the 16th day, and the stump was perfectly healed the 21st day after the operation. I have recently examined the stump. It is firm and sound, and is kept closely compressed that it may the better receive an artificial leg. The young man is in a healthy condition and full of flesh. He remarked "that he even now felt, occasionally, the purulent discharge dropping from the knee, and twinges of pain in the calf and toes of the limb amputated.

Yours truly, J. W. Brown.

Framingham, October 24, 1854.

RUPTURE OF THE UTERUS.

BY FREDERICK ROBIE, M.D., WALDOBORO', ME.

[Communicated for the Boston Medical and Surgical Journal.]

I had occasion to-day to make a post-mortem examination. The previous history and the fatal issue of the case under consideration, exhibit one of the most deplorable accidents in obstetric practice. Although similar cases have been reported, mostly by English authorities, the history and circumstances of the case alluded to are of so interesting and singular a character, that with your permission I will make the medical profession acquainted with the material facts, through the pages of your Journal.

The subject of my remarks—Mrs. Benner, of Waldoboro', Me.—was a married lady aged 40, and has given birth to five children—her physical organization perfect and well developed. Twenty months ago she had arrived, as she undoubtedly correctly supposed, nearly at the full term of gestation. Immediately following a violent muscular effort, in a stooping position, while putting down a carpet, she was taken ill. That which was considered suitable aid was summoned to her relief; but the case not terminating favorably, as formerly, a physician of regular standing and experience was soon needed, and sent for. The symptoms, at the earlier crisis, were, violent motion of the child, which soon ceased altogether; collapse with cold extremities; accelerated pulse; frequent and excessive vomiting; acute pain in the epigastric region, with inability to move. The pains which now confined the patient to her bed, with such inability to move, were unlike the pains of travail; and this, with other circumstances, rendered it certain to the mind of the attending physician that labor had not commenced. Palliating means were resorted to, and every effort made to sustain the courage and spirits of the patient, with assurances that in due time everything would be well.

About the end of the third week, it became evident to the friends and physician that there might be cause for alarm. A thorough examination was therefore instituted; the inner parietes of the womb were examined, and it was clearly ascertained that there was a rupture of the womb, and that its entire contents had escaped into the cavity of the abdomen. Prof. McKeen, of Topsham, a physician of high attainments and deserved reputation, was sent for. He fully concurred in the above statement of diagnosis, but owing to the weak and almost lifeless condition of patient, that part of the Cæsarean operation which was necessary for the removal of the dead fœtus was not considered prudent, but as only tending to a more speedily fatal issue. Such means were resorted to as would tend to an outward suppuration, for the removal of the fœtus, by application of warm fomentations. This was not effected, and the patient has endured until the present time, without much medical treatment, except of a palliating nature. About six weeks after she took her bed, she passed, through the vagina, several bones of the upper and lower extremities of a fœtus, and a few, subsequently, in the same way.

My acquaintance with the patient commenced five weeks since. Some time previous to this, she had been able to ride several miles, for the purpose of visiting a friend, but has ever since been growing worse. There has been for the past five weeks, perhaps previously, a constant operation from the bowels, of offensive matter, very little of it being fæculent. The lower extremities have been œdematous, the swelling ascending the body, and affecting the whole surface. The abdomen has been very full, protruding with flatus, constantly emitting a loud gurgling sound, giving occasion to severe pain, followed by syncope and a desire to vomit. The pulse has been hurried and scarcely perceptible; the mind has been perfectly clear and strong. Such were the last general symptoms, when death, perhaps fortunately, closed the scene. During the past twenty months she has been visited by nearly all the physicians in this vicinity. These visits resulted in conflicting opinions, in regard to the cause and result.

To-day I was called upon to make the autopsy, assisted by Drs. Baxter of Warren, and Bliss of Waldoboro', physicians of long experience and deserved reputation. Externally—the parietes of the abdomen were much distended; an unusual fulness in the left side, with blue appearance of the cuticle; body not much emaciated. I made an incision from the ensiform cartilage to the symphysis pubis, and lateral incisions, displaying at once the contents of the abdomen. The stomach, peritoneum and intestines presented a blue appearance, and were overloaded with flatus. We carefully removed the stomach and small intestines, frequently meeting with unnatural adhesions. We also removed the large intestines, to a point or section in the sigmoid flexure of the colon, which we found closely adhering to the left side, and passed a ligature around the intestine a few inches above the adhesion. Thus everything was removed but the parts more directly implicated. From manipulations, and observing a small piece of bone protruding from a slightly-gangrenous section of the intestine, it was apparent that the bony remains of the fœtus were confined within the walls of the colon, near the ligature last described. From this point, below the ligature, there were many and strong bands of adhesion passing from the flexure to the left parietes of the abdomen, to a section lateral from the umbilicus towards the spine. In dividing these bands, we found that they held the intestine firmly to the inner walls of the abdomen, bringing the corresponding parts in a close proximity.

Further observation clearly demonstrated, that a section of a diameter of four and a half inches, by actual measurement, of the inner parietes of the abdomen, was in contiguity with the mucous membrane of the intestine, occupying the place of a section of the same size which had sloughed away, and thus serving as one of the sides of the intestine. This kept the fæces and contents of the bowel from passing into the cavity of the abdomen; for in separating the adhesions, the intestine proper was separated from one of its sides, for a space of several inches, till the continuity was made whole by the intestine itself. This portion of the intestine contained the cranium, chest, and most of the bones of the fœtus. As a guide in dissection, I passed a catheter through the vagina, which immediately made its appearance through the original rupture of the uterus made twenty months ago—which in the contracted uterus was about three quarters of an inch in length. The rupture was at the left upper angle of the uterus, near the origin of the left Fallopian tube. The uterus was of usual size, of healthy appearance, except around the margin of the rupture. A lateral displacement was observed, caused by unnatural adhesions. The left Fallopian tube seemed to be withered, either the result of the rupture or of subsequent decomposition.

All the parts in the neighborhood of the uterus gave sufficient evidence of a terrible accident. It seems apparent that there was originally a rupture of the uterus, probably caused by a violent muscular effort, in a stooping position, everything being favorable for such a result. The womb powerfully contracted, and forced the fœtus into the abdomen; through the same opening all the contents of the womb made their escape, for there never was any flowing. The remains of the fœtus,

which were not decomposed, lying in close juxtaposition to the colon, in process of time caused its ulceration, until the whole mass was received within its calibre; while nature, by a reparatory process, was forming suitable bands, sending them to the parietes of the abdomen, and then, by a singular method, restoring the continuity of the intestine. This may seem strange, but I think that there are a sufficient number of cases establishing the above statement. If not, I have all the parts which will sufficiently demonstrate it; to wit, a section of the intestine, with the mass of bones in situ, unmoved; also that portion of the integument of the abdomen which originally formed the contiguity, and made the intestine impervious only through the natural outlet. Nature finished this great undertaking; but owing to the mass of foreign matter which had obtruded itself into the bowels, there was an inseparable barrier to the proper and sufficient performance of the peristaltic action of the intestine, and thus the mass was obliged to lay, only permitting the more liquid parts of the excrementitial substance to pass through their natural passage. My opinion is, that ulceration *frequently* caused an opening from the intestine into the abdomen, and as often nature would close it up, for feculent matter has often sought a passage through the vagina. The large intestines were very much distended. The colon where the accumulation of bone lay, had become a sac, nearly as large as a quart bowl. We took from the sac, or intestine, plum stones, which must have lodged there months ago. There has been an unimpeded passage from the abdomen through the womb, which has never been closed. I was told by the deceased, that "barrels would not contain the amount of substance that had escaped through this outlet," much of it of the most offensive character. If seems probable, if the parts of the fœtus which were found in the intestine had admitted of the same early decomposition as the soft parts, the deceased might have survived; or if the intestine had admitted of the passage of the bones, the same favorable result would have been effected.

Without casting any reflection upon those who had the early management of this case, it certainly teaches all physicians the importance of making an early and sufficient examination, as it is probable that an early operation, in such a case, might be attended with a favorable result.

We learn from the case, that the womb may be ruptured from a slight cause; and what seems wonderful, that a foreign substance, of great magnitude, can remain within the parietes of the abdomen, much larger than the natural calibre of the large intestine, and finally be received within its walls, without producing death. Certainly nature here, as everywhere else, speaks design and intelligence, in adapting itself to prolong human existence. We learn, also, the *extent* of human endurance. In the most desperate cases, the skill and courage of the accoucheur should never flag; for with a good degree of caution, well-directed means, even of a heroic character, may bring about a favorable issue.

I have already detailed the principal facts in this case; and if I have made myself understood, I have answered the object of my communication.

The patient in this case was an individual of *superior* mental and phy-

sical endowments. Through a long and anxious confinement, suffering the most excruciating pains, she was never known to repine. While nature struggled, by a process of reparation, to restore the system to its wonted vigor, yielding its claim with a tenacity almost inconceivable, the mind remained unclouded throughout, and was strong and vigorous to the last moment. She made suitable preparations for her own autopsy, in order that, to use her own language expressed to me, "humanity might receive some advantage from the sacrifice and misery she had undergone."

Waldoboro', Me., Oct. 27th, 1854.

LOCAL ANÆSTHESIA IN AN OPERATION ON THE EYE.

BY GEORGE CRITCHETT, ESQ., F.R.C.S., SURGEON TO THE ROYAL LONDON OPHTHALMIC HOSPITAL, &C.

As the following case is, I believe, the first example of the employment of Dr. Arnott's ingenious suggestion in operations upon the eye, and as it presents some other points of interest, I am anxious to bring it before the notice of the profession.

I was requested by my friend, Mr. Hovell, of Clapton, to meet him in consultation, together with my friend and colleague, Mr. Dixon, in the case of a gentleman, somewhat past the middle period of life, who had recently come up from the country to place himself under Mr. Hovell's care, on account of severe, painful, and protracted disease of the right globe. It appeared, from the history of the case, that the disease had commenced very insidiously about two years ago, attacking first the inner surface of the cornea, spreading to the iris, and then by degrees involving the choroid, retina and humors, producing secondary cataract, and entirely destroying vision. All these serious results took place without any acute symptoms, with very slight pain, and in spite of mercury and other active measures. Things remained in this condition for several months, without any obvious change, when suddenly, about six weeks previous to our seeing him, he was attacked with symptoms of acute inflammation of the globe, attended with intense pain of a paroxysmal and intermittent character, and radiating from its source along the branches of the fifth pair of nerves. Our patient described this pain as being almost unbearable when at its *acmé*, as resisting all ordinary means of relief, and as subsiding only to renew itself with increased force. On examining the globe, the vessels were found to be in a state of extreme congestion, the pupil was widely dilated, and a hard cataract could be seen thrust forward, pressing upon the iris, and nearly in contact with the cornea; the globe felt very hard, and was extremely tender to the touch. It was quite evident that these symptoms were due to tension of the globe, caused by abnormal accumulation of fluid within its dense, unyielding, fibrous case, pressing the hard lens against the nerves of the iris, and thus involving the entire fifth pair of nerves. It was one of those cases which, if unrelieved, must either exhaust the powers of the patient, or find vent in the giving way of the cornea and sclerotic, and the occurrence of staphyloma. Seeing, then, that the eye was lost, that

the lens was acting as a foreign body, that the globe was suffering from tension, and that no relief could be expected while this state of things lasted, the obvious suggestion that occurred to us was to make a section of the cornea, allow the lens and some of the vitreous humor to escape, and thus get rid of the cause of the suffering. There were, however, some serious and well-grounded objections to this proceeding; the highly inflamed state of the globe would render such an operation intensely and almost unbearably painful, and the lengthened period during which the eye had been diseased, the enlarged state of the bloodvessels, and the extreme spasm of the muscles, would almost inevitably cause the humors to be suddenly forced out, and the vessels to give way, distending the globe with blood, occasioning hæmorrhage to a serious extent, and probably rousing up the old pain with increased severity. It is true that some of these objections might have been obviated by the use of chloroform, but it was deemed quite inexpedient to have recourse to general anæsthesia, because our patient had recently suffered from hemiplegia. It was suggested that it would be more desirable to wait until the eye subsided into a quiet state; but as this would have necessitated inconvenient delay, and as there was a liability at any moment to a severe relapse, our patient, when the "pros" and "cons" were fairly laid before him, determined to have the operation performed without loss of time. It then occurred to me that it would be a favorable case for the employment of local anæsthesia, with the threefold object of destroying the sensibility of the part, constringing the vessels to prevent hæmorrhage, and diminishing the liability to subsequent inflammation. With this view some pounded ice was put into a bladder, mixed with salt, and placed over the right eye, temple, cheek, and brow, and kept there for about twenty minutes. At the end of that time, all sensation being lost, I made a rapid section of the cornea, which was immediately followed by the cataract and some portion of vitreous humor. Some slight hæmorrhage occurred, but slowly, and not to an extent beyond half an ounce. As sensation returned, our patient complained of extreme soreness and discomfort about the eye, and some of the old pains, taking the course of the fifth pair of nerves, came on. All this, however, speedily subsided, and we had the satisfaction of seeing him in a few days quite free from pain, the section of the cornea gradually approximating, and with every prospect of a speedy and complete recovery, without fear of a relapse, now that the cause of all the suffering was removed.

It seems to me that the application of cold fulfilled, in this case, all the indications that were desired, and from the slight hæmorrhage that occurred, and from my previous experience of somewhat similar cases, I am of opinion that if the operation had been performed without local anæsthesia, there would have been very severe pain at the time, extensive bleeding, consequent painful distension of the globe, and a tedious recovery.—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 8, 1854.

Massachusetts Medical College.—A lecture, introductory to the regular course to be given in this institution the ensuing season, was delivered on Wednesday last, by Morrill Wyman, M.D., Professor of the Theory and Practice of Medicine in Harvard University. His theme was medical observation and medical reasoning, and was handled with masterly ability. As there can be no doubt that the class will solicit a copy for publication, we shall reserve a more extended notice of it until we are in receipt of a printed copy. The lecture was listened to by a large audience, among which were many members of the profession, besides gentlemen of distinction in other callings. There is an indication that the class will be larger this term than formerly, and we are gratified to learn that increased facilities are afforded the students for acquiring a thorough practical medical education.

Illustrated Hydropathic Review.—A more industrious publishing house is rarely found than that of Fowlers and Wells, of New York. They are absolutely indomitable in sending out works in a certain line, which embraces all the isms in medicine. How they became so much interested in the propagation of such strange doctrines as they send abroad, beautifully printed too, and cheap enough to ruin a common firm, is a mystery. Associated with them in some of their literary enterprises, are men of the rankest radicalism in the land. They believe only what they themselves write, but few besides consider their essays worth the trouble of reading. The Hydropathic Review is a remarkable specimen of this kind of literature. Smart, tart, and sometimes exceedingly agreeable, there are yet but a very few rays of pure light discernible in the series. But we learn that the work has actually expired under the hands of its nurses, and medical attendants, and it is pretty clear that their idea of what the sovereign people need, and the people's own views in regard to what they are willing to pay for, are widely different affairs. A mere novelty soon loses its charm. It would seem that the great mass of cracked-brain advocates for reforms are not reliable customers. They talk glibly before an assembly of demi-lunatics, but their patronage does not go far towards sustaining a periodical. The Hydropathic Review has had too much water for its milk. There was not intellectual nourishment enough in the four quarterly numbers to keep itself alive. Those articles which were wholly foreign to the avowed objects of the Review, were invariably the best. But it is now dead, although the editor intimates that it will hereafter appear "in a better shape." Whether it does or not, we cannot forbear expressing our unfeigned regret, that a man of the editor's acknowledged industry, perseverance and acquirements, should thus waste years of his life in a vain pursuit. He has been dragging a heavy car, freighted with useless trash, up an inclined plane. Yet with his talents and learning he might have made himself useful and acquired a station of distinction. A man of ardor may exhaust himself in attempting to keep the sun from shining, but he will be laughed at for his pains. He who is determined to maintain with stubborn tenacity that the wisdom of the medical faculty is worthless, and attempts to substitute water

for the whole materia medica, will find himself drowned in his own medicine at last. Readers get sick of water forever, in a periodical: it is a topic too limited for a quarterly; and hence the failure of the present enterprise.

Prosecutions for Mal-practice.—A reaction seems to be taking place in the public mind, in regard to the propriety and honesty of obliging a surgeon to pay a penalty whenever he fails to assist nature accomplish what it is desirable to have her do in the way of mending broken bones. On various occasions, this Journal has been obliged to record what was considered, by ourselves at least, as injustice in these cases, on the part of juries. Several excellent and skilful medical gentlemen in New England have been nearly if not quite ruined by vindictive suits. Repeatedly cases have been recorded, in which heavy damages were awarded by the higher courts, on the alleged failure of some surgical operation, till surgeons began to hesitate, when called to reduce a fracture; and some even went so far as to have a written agreement drawn up and executed, for self protection, so that if the cure was incomplete, they should be held harmless. Massachusetts, Vermont and Western New York, at one period were pre-eminent for the unsafe condition of surgeons. If there is any change for the better, we shall be thankful, and shall consider the community will be gainers when the courts have the patience to sift out the motive that ordinarily prompts to these unrighteous prosecutions, by unfortunate patients or their friends.

Last week, at a Session of the Supreme Court, at East Cambridge, Judge Dewey presiding, a termination was given to a singular case which has been sometime pending. Without going into particulars, the facts are substantially these. Dr. Bartlett, of Somerville, Mass., was prosecuted for mal-practice—the case being Bartlett vs. Emma Edgely. It was represented that the defendant did not reduce a fractured clavicle, as he ought to have done, and a partial loss of the right arm of the plaintiff, a miss of eight years, resulted. On two former occasions the matter has been in the courts. Damages were laid at $10,000, but the jury swept away the cherished hope of those who pressed valiantly on for the great prize. The defendant came off victoriously, and the plaintiff remains, as at the beginning, without a shilling drawn from Dr. Bartlett's pocket. True it is that the defendant has been put to a heavy expense to defend his rights and character, but the triumph will have an influence that will be advantageous to the profession. It is whispered about in judicial circles that the testimony of the experts in surgery, who were called in, was contradictory to a more than usual degree. Some of them gave an unqualified opinion that the collar bone had never been broken. Others advanced other views; and on summing up the whole, it would have puzzled a Philadelphia lawyer to discover from it what had been the matter. Of course, this is mere talk, and those who indulge in it cannot probably comprehend, in its full extent, the value of medical testimony in such cases. Although doctors may disagree, it is nevertheless certain that no progress could be made in legal medicine without them—An interesting report of a trial for alleged mal-practice in New Hampshire, drawn up by Dr. Pray, will be found in to-day's Journal.

Medical Society of Pennsylvania.—The usual annual pamphlet, containing the transactions of this learned body, at the session in May, of the present year, has just been received. As on former occasions, it abounds

with reports of the several County Medical Associations for 1853. These, with the doings of the Society at the annual meeting, a catalogue of officers, &c., make up the contents. The treasury is rather bare, if the footing of the columns is correct. Jacob M. Gemmill, M.D., of Huntingdon County, is president. Several of the papers are important in character, and admirably prepared. Were it not for the pressure of other matters, we should take pleasure in particularizing some of them. A commendable industry, and a high sense of responsibility, are recognized throughout the transactions.

Middlesex South (Mass.) District Medical Society.—The semi-annual meeting of the Middlesex South District Medical Society was held at Waltham, on Wednesday, Nov. 1. An address was delivered by Joseph Reynolds, M.D., of Concord, on the "Duties of physicians as guardians of the public health." The address was a well-written and sensible production, and contained suggestions worthy the attention of the profession. Dr. S. Whitney, of Framingham, was chosen to read a dissertation at the next meeting, and Dr. Allston W. Whitney, of the same place, was chosen his substitute. At the close of the exercises, the Society, to the number of 28, dined together at the Central House.

The meeting was a very pleasant one, and more fully attended than on any previous occasion. It is well for physicians, living in the same vicinity, to meet together occasionally, if for no other purpose, to become acquainted with each other and enjoy a few hours of social intercourse. But more than this ought at least to be attempted. Something should be done at these meetings to advance the cause of medical science. The regular address is very well as far as it goes; but this alone is hardly sufficient. Every physician, in the course of a practice of six months, learns or ought to learn something, which will be of use to others. Cases of interest will have fallen under his notice; opportunities will have been afforded him of testing the worth or worthlessness of certain medicines or modes of treatment; or he may have made some discovery, which should be made public. Short papers, accurately drawn up, presenting the result of each member's experience in some particular department, would be of great value, and afford one means of adding life and interest to our meetings.

One subject we trust will be entirely ignored, unless forced upon our attention by inexorable fate; we mean quackery. The profession have wasted enough of their strength upon this already. It is of no use to be eternally complaining that quacks abound; that people will employ them; that homœopathy is spreading in a particular district, and that some of its professors will persist in retaining their connection with our medical societies. The only way to put down quackery is to raise the standard of medical education, and thus keep all quackery *outside* of the profession, where it will do no great harm. Towards accomplishing this result, the members of each district society, individually and collectively, should contribute their portion. *

Middlesex East (Mass.) District Medical Society.—At the annual meeting of the Middlesex East District Medical Society, held in Woburn on the 1st of November, the following were chosen officers for the year ensuing:

Drs. Trueman Rickard, *President;* J. D. Mansfield, *Vice President;* W. Ingalls, *Secretary;* B. Cutter, *Treasurer and Librarian;* W. Ingalls, *Au-*

ditor; A. Chapin, W. F. Stephens, W. Ingalls (ex. of.), *Censors;* T. Rickard (ex. of.), J. D. Mansfield, S. A. Toothaker, *Councillors.*

(Attest) WILLIAM INGALLS, *Rec. Sec.*

Our Society meets every two months at the house of some one of the members. It is a medical improvement society. Papers are read; topics for conversation and discussion are agreed upon at one meeting for the next; the inner man is fortified by the liberal hospitality of mine host; harmony and good feeling prevail; and, in short, our Middlesex East District Society is a pleasant and profitable society to belong to, and is also a credit to its parent.

Another Medical Prize Question.—The New York Academy of Medicine, through the liberality of a few of its members, offers a prize of $100 for the best essay on *The Nature and Treatment of Cholera Infantum*, to be presented during the ensuing year. The trial for the prize is not restricted to the fellows, but is open to the profession throughout the country.

Medical Miscellany.—The papers state that Dr. Atlee, of Philadelphia, has recently taken out an ovarian tumor, weighing 30 pounds and containing four gallons of albuminous fluid.—The yellow fever at Charleston, S. C. has about subsided, but it remains still in activity at New Orleans.—The oyster panic does not succeed in Philadelphia, the physicians there having shown that no danger from that source need be apprehended.—Mr. Borland, the foreign minister, whose diplomatic history is connected with the destruction of Greytown, is represented to have quietly returned to the practice of dentistry.—Cases of smallpox seem to be greatly on the increase in different parts of New Hampshire, Maine, and Vt., notwithstanding there is a sovereign antidote, vaccination.—Several new works are coming from the press forthwith.—Meigs on child-bed fever has just been published, and also Bernard's lectures on the blood, by Dr. Atlee, which is a good book.—Recent appearances of bronchial affections should remind practitioners of the necessity of close attention to first symptoms.—Dr. Abraham Gould, of Lynn, was severely injured on Saturday last, by being thrown from his chaise by a train of railroad cars, which came in collision with his vehicle, demolishing it, and instantly killing his horse.

To CORRESPONDENTS.—Dr. Powell's remarks on the Duration of Human Life, and Dr. Griffin's case of Sanguineous Tumor of the Labia, have been received.

MARRIED,—Dr. Theodore Sterling, of Cleveland, Ohio, to Miss C. H. Higgins.—In Westerly, R. I., Jacob D. B. Sullman, M.D., of New York, to Miss Mary G. Wells.

DIED,—Dr. Erastus Beach, of Sandisfield, Mass., 77.—At Lyme, Conn., John Noyes, M.D.

Deaths in Boston for the week ending Saturday noon, Nov. 4th, 49. Males. 23—females, 26. Apoplexy, 1—inflammation of the brain, 1—consumption, 11—convulsions, 3—cholera, 2—croup, 2—cancer, 1—dysentery, 2—dropsy, 1—dropsy in the head, 1—drowned, 1—infantile diseases, 4—erysipelas, 1—typhus fever, 1—typhoid fever, 1—hooping cough, 1—disease of the heart, 2—disease of the kidneys, 1—inflammation of the lungs, 1—lockjaw, 1—disease of the liver, 1—marasmus, 1—old age, 1—premature birth, 1—smallpox, 1—teething, 2—thrush, 1—unknown, 1.

Under 5 years, 20—between 5 and 20 years, 2—between 20 and 40 years, 15—between 40 and 60 years, 9—above 60 years, 3. Born in the United States, 35—Ireland, 12—England, 1—British Provinces, 1.

Quinic Ether.—A discovery which has lately been made in Italy, and which has excited much attention, is illustrative of the results of perseverance and industry.

In the month of June, 1852, a young man, M. Louis Manetti, a student of the University of Pavia, happened to witness the death of a patient with congestive fever, who died apparently from the impossibility of introducing into the system, in a short time, a sufficient quantity of quinine. Manetti was struck with the idea that the principle of the bark might be effectually administered through the medium of pulmonary absorption. Encouraged by Professor Pignacca, Manetti began a series of investigations, the results of which are detailed in a letter from Prof. Pignacca to Dr. Stambio of Milan, a translation of which is found in the "Annales de la Société Medicale de Grand."

Professor Pignacca has called the new agent for inhalation, *Quinic Ether*, probably for want of a better name, for it is not, properly speaking, an ether, and its positive chemical composition is not known. It is a liquid of a special inconstant odor, and is obtained by the distillation of quinate of lime (*quinate de chaux*) combined with alcohol; and is analogous to the etherial bodies in general, volatilizing like them.

Professor Pignacca states in his letter that he has administered this fluid by inhalation to eight patients; seven of them had tertian intermittent fever, the last neuralgia of the fifth pair. The neuralgia was of an intermittent type. The remedy acted admirably both in the cases of fever and in the case of neuralgia.

The quantity of the agent given is about a scruple at a time, repeated three or four times a day. It is administered in the same manner as chloroform, and it produces sensations somewhat similar.—*N. O. Medical News and Hospital Gaz.*

Influence of the Physician.—"How many thousand faces must have passed before the doctor's eyes; how many pitiable tales of wo must have been poured into his ears; what awful secrets must find a repository beneath that black satin waistcoat! We may lie to the lawyer, we may lie to the confessor, but to the doctor we cannot lie. The murder must out. The prodigal pressed for an account of his debts will keep one back; the penitent will hide some sin from his ghostly director; but from the doctor we can hide nothing, or we die. He is our greatest master here on earth. The successful tyrant crouches before him like a hound; the scornful beauty bows the knee; the stern worldly man clings desperately to him as the anchor that will hold him from drifting into the dark sea that hath no limits. The doctor knows not rank. The mutilated beggar in St. Celsus's accident ward may be a more interesting case to him than the sick duchess. He despises beauty—there may be a cancer in its bloom. He laughs at wealth; it may be rendered intolerable by disease. He values not youth; it may be ripe for the tomb, as hay for the sickle. He makes light of power; it cannot cure an ache, nor avert a twinge of gout. He only knows, acknowledges, values, respects two things—Life and Death."—*Household Words.*

Honesty not Unappreciated.—Let it be a consolation to the better men among us, that the honesty which confesses the power of medicine to be limited, and the skill which protects the patient from unnecessary interference, are not wasted on the thinking portion of mankind.—*Dayman's Address.*